

PAGE	1	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM

DD

YYYY

Full Name of Payee Headway Work Force Solutions, HWS, , ,		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 08 / 2016</div> </div>	
Mailing Address 421 Fayetteville St #1020		Amount <div> <div>1824.00</div> </div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6524 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 08 / 2016</div> </div>
Purpose of Expenditure Payroll for canvassers 10/8/16		Category/ Type 001	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>193988.80</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee Headway Work Force Solutions, HWS, , ,		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 08 / 2016</div> </div>	
Mailing Address 421 Fayetteville St #1020		Amount <div> <div></div> <div>250.00</div> </div>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6526 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 08 / 2016</div> </div>
Purpose of Expenditure Mileage for canvassers 10/8/16		Category/ Type <div>002</div>	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>194238.80</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	2074.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Headway Work Force Solutions, HWS, , ,			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 421 Fayetteville St #1020			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1824.00</div>		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6532		
Purpose of Expenditure Payroll for canvassers 10/8/16		Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate KANDER, JASON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Headway Work Force Solutions, HWS, , ,			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 421 Fayetteville St #1020			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">250.00</div>		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6535		
Purpose of Expenditure Mileage for canvassers 10/8/16		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate KANDER, JASON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2074.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Headway Work Force Solutions, HWS, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 23176.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6543
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Headway Work Force Solutions, HWS, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 23176.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6545
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2016
Name of Federal Candidate KANDER, JASON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46352.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 11 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 4 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee Headway Work Force Solutions, HWS, , ,			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>09</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	09		Y	Y	Y	Y	Y	Y	2016					
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Mailing Address 421 Fayetteville St #1020			Amount <table border="1" style="width:100%"> <tr><td>2250.00</td></tr> </table>			2250.00																	
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City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6547																				
Purpose of Expenditure Mileage estimate for canvassers 10/9-10-31		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>09</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	09		Y	Y	Y	Y	Y	Y	2016					
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Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"> <tr><td>219664.80</td></tr> </table>			219664.80	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____																			
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Full Name of Payee Headway Work Force Solutions, HWS, , ,			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>09</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	09		Y	Y	Y	Y	Y	Y	2016					
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Mailing Address 421 Fayetteville St #1020			Amount <table border="1" style="width:100%"> <tr><td>2250.00</td></tr> </table>			2250.00																	
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City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6549																				
Purpose of Expenditure Mileage estimate for canvassers 10/9-10-31		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>09</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	09		Y	Y	Y	Y	Y	Y	2016					
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Name of Federal Candidate KANDER, JASON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose																				
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"> <tr><td>27500.00</td></tr> </table>			27500.00	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____																			
27500.00																							

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<table border="1" style="width:100%"> <tr><td>4500.00</td></tr> </table>	4500.00
4500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	
(c) TOTAL Independent Expenditures..... ►	<table border="1" style="width:100%"> <tr><td>55000.00</td></tr> </table>	55000.00
55000.00		

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Buchanan, Emily, , ,

[Electronically Filed]

Date

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10	11	

Y	Y	Y	Y	Y	Y
2016					

Signature